



Harper-Grace Hospitals  
Harper Hospital Division

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Dr. Gale Katterhagen  
Tacoma General Hospital  
Director of Oncology, Consolidated Hospitals  
P.O. Box 5277  
South K Street  
Tacoma, WA 98405

Dear Dr. Katterhagen,

Your letter with regard to the opportunity and need to encompass a larger group of patients into clinical trials in community cancer programs is encouraging and important. As you recognize, the 40,000 patients now being entered into clinical trials represent less than 5 percent of the patients with newly diagnosed invasive cancer this year. We certainly should be able to do better than that. Not only will the investigations themselves be important for the knowledge they contribute, but the rigorous quality assurance program inherent in clinical trials will probably improve care while the information obtained about the history and characteristics of disease through the data collection of these clinical trials will probably be more valuable than the relatively scant data collected in the SEER program.

I congratulate you and your colleagues for your forward-looking efforts towards development of community cancer programs.

In taking a global look at the National Cancer Program, I feel a sense of dismay that we do not have a universally agreed upon and effective method of collecting data with regard to the impact of the National Cancer Program on: a) the cost of cancer care or, b) the results of improvement in cancer care. Thus, I feel that the National Cancer Institute would do well to expand the support to programs such as the current contract with the National Center for Health Statistics on the cost of cancer care (with suitable modification of the study mechanism to include all of the costs, including the cost of detection and definition of cancer and the rapidly increasing cost of terminal care of patients dying of cancer). Further, while the SEER program collects some useful information about the incidence and end-results of cancer, the data are often incomplete and additional resources will be required for analysis and evaluation. For example, I would like to know the difference in the extent of cervical cancer when first discovered in black women and white women in New Orleans, Detroit and in the Seattle-Tacoma area. These areas are covered by SEER programs. Further, I need to know the end-results of treatment of cancer of the cervix in New Orleans, the Seattle-Tacoma area, Detroit and Connecticut.

In otherwords, I agree with you that we must give good care to the patient throughout the entire community of the United States and add that we must also know the cost of cancer care and the impact of our efforts.

Sincerely,

William E. Powers, M.D.  
Chairman, Dept. of Radiation Oncology